

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
703-305-6463

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51			
2		1				52		1	
3		2				53			
4		1				54			
5		1				55			
6		1				56			
7		1				57			
8		1				58			
9		1				59			
10		1				60			
11		1				61			
12		1				62			
13		1				63			
14		1				64			
15		1				65			
16		1				66			
17		1				67			
18		1				68			
19		1				69			
20		1				70			
21						71			
22						72			
23						73			
24						74			
25						75			
26						76			
27						77			
28						78			
29						79			
30						80			
31						81			
32						82			
33						83			
34						84			
35						85			
36						86			
37		1				87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46		1				96			
47		1				97			
48		1				98			
49		1				99			
50		1				100			
TOTAL IND.						TOTAL IND.			
TOTAL DEP.						TOTAL DEP.			
TOTAL CLAIMS						TOTAL CLAIMS			